

**2008 Kentucky Annual Certificate of Nonparticipating
Tobacco Product Manufacturer Compliance**

Part 1: Manufacturer's Identification

1. Name: _____
2. Street address: _____
3. City, state, country, ZIP: _____
4. Telephone number: _____
5. Electronic mail address: _____
6. Other manufacturing address: _____

Part 2: Liability Year (Sales year)

The liability year for this certificate is: **2007**

Part 3: Units Sold

7. Number of individual cigarettes and RYO sold by the manufacturer identified above during the liability year subject to Kentucky excise tax is as follows (by brand; nice-hundredths (.09) of an ounce of RYO tobacco counts as 1 stick):

- 1) _____ 2) _____ 3) _____
4) _____ 5) _____
Total sticks: _____

Part 4: Deposit Amount

For the liability year 2007 and beyond, the base rate per cigarette is\$0.0188482

8. The appropriate rate per stick for the liability year as adjusted for inflation* is: 8. \$ 0.0251026

9. Multiply Line 8 by total of Line 7, and write the amount (**Total Escrow Payment Due by April 15, 2008**):

9. _____

This is your total amount due to be deposited into the qualified escrow account.

Note: Attach a copy of your receipt or other proof of deposit from your financial institution, as well as a copy of the escrow agreement between you and the institution if you have not previously provided one or if it has been amended.

Part 5: Financial institution

10. Name: _____
11. Street address: _____
12. City, state, country, ZIP: _____
13. Escrow account number _____
14. Total amount held in this account after current deposit: \$ _____
15. Escrow agent: _____
16. Phone Number: _____

Part 6: Authorized Signature

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this certificate is true and accurate. This document must be signed and dated by an authorized notary public.

Sworn to and subscribed before me
this ____ day of _____, 20__

Print the name of authorized agent Title

Signature of Notary Public

Signature of authorized agent Date

City / State: _____
My commission expires ____/____/____

* The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.

Deposits are due by April 15, 2008 and the completed form is due April 30, 2008 and may be sent to: Kentucky Office of Attorney General, 700 Capitol Avenue, Suite 118, Frankfort, KY 40601 (Attention: Michael Plumley, Assistant Attorney General).